EMT-II REGULATORY TASK FORCE
MEETING MINUTES
February 10, 2005
EMS Authority
Sacramento, CA

I.Introductions

Self-introductions were made.

MEMBERS PRESENT	EMSA STAFF PRESENT	ALTERNATES PRESENT	MEMBERS ABSENT	ALTERNATES ABSENT
Cliff Flud	Sean Trask		Deb Aspling	Lawson Stuart
Debbie Becker	Julie Hamilton		Ruth Grubb	
Tim Williams	Dan Smiley		Janet Terlouw	
Steve Drewniany	Richard Watson		Kevin White	
Bonny Martignoni			Lisa Howell	
Ron Grider			Frank Maas	
Steve Tharratt				
Conference Call			Robert May	
Bruce Haynes			Kathy Ochoa	
Stephanie Rasmussen			Ed Pendergast	
John Pritting			Vicki Stevens	
Tom McGinnis		**GUEST**		
		Mike Aleksick		
Howard Fincher				
Louis Bruhnke				
Larry Karstead				
Kelly Lazarus				

II.Minutes:

A. Approved with the following two changes:
   i. Change attendees to show Tom McGinnis was present at January's meeting
   ii. Correction to spelling of Stephanie Rasumssen's last name

III.Agenda:

Approved with the following change:
Add a recommendation from the Los Angeles County EMS Agency regarding the EMT-II Task Force's amendment to the EMT-I certifying authority subsection of the EMT-I Regulations.

VI. Old Business:

A The Los Angeles County EMS Agency submitted a recommendation to the EMS Authority prior to the release of the amendment to the EMT-I Regulations concerning the acceptance of continuing education units by a local public safety agency when recertifying their EMT-Is. The LA County EMS agency recommends adding a public safety agency with a continuing education provider approval, but not an EMT-I training program approval, as an EMT-I certifying authority by virtue of their continuing education provider approval. During the discussion of this issue, there were several points made, those points were:

- There are a number of public safety agencies that recertify their EMT-I personnel using continuing education units only.

- Under this recommendation, a public safety agency would not have to maintain an EMT-I training program approval.
- Under this recommendation there would potentially be an increase in the number of EMT-I certifying authorities thereby increasing the inconsistencies between EMT-I certifying authorities.
- There is no oversight as to validation of the recertification requirements.

The Task Force suggested bringing this item back to the next meeting after obtaining input from their respective organizations. This item will be placed on the March 10, 2005 Task Force agenda.

B. Local EMS agency survey - The group was provided with the results of a survey done by EMSA regarding the current status of EMT-IIs within each LEMSA, EMT-1s and optional scope of practice skills, and what plans were for the future of EMT-IIs. Only 50% of the LEMSAs responded however, so the survey will be resent, seeking information from the other 50%. 18 out of 31 LEMSAs responded; 6 said yes to EMT IIs, 10 stated they would not utilize that level of provider.

In the survey, under the heading of "Optional Skills" LEMSAs included the following EMT I optional skills:

- Manual defibrillation (Ventura County)
- Epi pen (Marin, Inland Counties)
- Combitube (Imperial County package, Riverside County, Orange County)
- Mark I kit (NOR Cal, Mountain Valley, Orange County)

In the survey, under the heading of "Trial Studies" LEMSAs included the following:

- ET tube (El Dorado, Inland Counties)
- Peripheral IV and IV Dextrose (Imperial County)
- Inland Counties also includes: Injections (SQ, IM, IV), Oral medication administration IV access, determination death, clearance of C-spine/Transport w/o immobilization, nebulized Albuterol, ASA, D-50, Diphenhydramine, Glucagon, Naloxone, NTG SL, O2 and Prednisone.

C. Role of the EMT-II –

1. Cal Chiefs were working on their position papers. At this point Cal Chiefs were looking to augment a local paramedic system with EMT-IIs and not replace paramedics with EMT-IIs. Cal Chiefs were also considering recommending two modules; the EMT-I with optional skills (Imperial County Trial Study) and a complete EMT-II. The Task Force members had a long discussion on the role and mission of the EMT-II in California. In the brainstorming session, Task Force Members came up with six potential missions for an EMT-II, those are:
   a. Quick intervention/ rapid response team
   b. Rural/ wilderness areas with extended response times.
   c. To compliment/ augment a paramedic team.
   d. Career continuity – Allows for previously licensed paramedics to act as mentors for EMT-Is and EMT-IIs without having to maintain a paramedic license.
   e. Specialized training such as tactical teams, search and rescue, confined space rescue, etc.
   f. Interfacility transfers.
2. The Task Force members are not sure if the EMT-II should be limited to the rural areas or be part of an urban EMS system. There will be issues related to reimbursement for services which both public and private transporting providers need to be aware of.
3. A number of Task Force members expressed an interest in limiting the training and scope to two modules, the first consisting of the "Imperial County Trial Study" items and the second module either being the remaining EMT-II scope of practice or leaving the remaining scope of practice items up to the local EMS system.

4. The Task Force members also discussed the fact that because the EMT-II will not have the base training hours of a paramedic, there will be extensive on-going oversight which may be too onerous for a provider to maintain. This will need to be considered when making a decision as to whether the local EMS system approves an EMT-II system.
5. The Task Force members also need to consider that when the EMT-II Regulations are approved, there may be a void from the sunset of the following EMT-I Optional Skills, when those optional skills are approved by the local EMS system:
   a. Manual defibrillation will sunset.
   b. Intravenous access under the supervision of a paramedic will sunset.
   c. Six medications and one skill (Imperial County Trial Study) will sunset.
   d. Mark – I Kits will sunset.
   e. Combi-tube will sunset.

B. Definition of Rural Area – The Task Force requested that this item be continued. The Task Force will be able to address this issue after the Task Force decides on the role and mission of the EMT-II in California EMS.

IV. New Business

A. Scope of Practice for Each Module – This item is deferred until the role and mission of the EMT-II can be identified.

B. Topics of Instruction for the Scope of Each Module - This item is deferred until the role and mission of the EMT-II can be identified.

C. National Scope of Practice Matrix – Dan Smiley, Chief Deputy Director of the EMS Authority, presented a matrix of the National Scope of Practice discussions that are currently taking place and requested the EMT-II Task Force provide him with input regarding California's position on the National Scope of Practice discussions. Mr. Smiley has been nominated to represent the National Association of State EMS Directors on the Scope of Practice Technical Advisory Group. The National Scope of Practice model contains the four levels, the first level is the first responder that contains 80 hours of training, the second level is the EMT-Basic which contains advanced scope items and is built on 200 to 250 hours of training, the third level is the basic paramedic level which contains approximately 1000 hours of training, and the fourth level is advanced paramedic which contains additional scope of practice items and is proposed to require a bachelors college degree. Mr. Smiley asked the Task Force members to take the scope of practice matrix back to their respective organizations for discussion and provide Mr. Smiley with input so that he can represent California's best interest to the National Association of State EMS Directors.

V. Discussion

A. Review of Action Items
   1. The EMS Authority will obtain more local EMS agency surveys for the next Task Force Meeting.
   2. The Task Force members will distribute the national scope of practice matrix with their respective organizations and request input to be forwarded to the EMS Authority for the national discussions.
   3. The Task Force members will obtain input from their respective organizations for the role and mission of the EMT-II in California.
   4. The Task Force members will obtain input from their respective organizations regarding the number of modules for the EMT-II.

5. The Task Force members will obtain input from their respective organizations regarding the recommendation from the Los Angeles County EMS Agency pertaining to public safety agencies being EMT-I certifying authorities.

B. Next Meeting
The next meeting will be on March 10, 2005 at the Rancho Cucamonga City Hall.

C. Adjourn

Recorder: Sean Trask/ Julie Hamilton

What Does EMSAAC think of this?

Scope Proposal Matrix

Level	What is it?	Approximate Hours of Training	Scope of Practice (Simplified and modified from detailed Interpretive Guidelines)
Emergency Medical Responder	Current First Responder plus Oxygen, AED, and spinal immobilization	60 hours	First Aid/CPR AED Oxygen Bag Valve Mask Spinal Immobilization
Emergency Medical Technician	EMT-Basic (as it is now)	120 Hours	Assessment Skills Esophageal Trach ML Airways? Assist Patients with their Meds Mark I Kits?
Advanced EMT **(EMT-II Module A?)**	EMT – Intermediate (1985) And California Trial Studies for Sierra County and Imperial County et al	EMT + 100-150 Hours	Esophageal Trach ML Airways Nitro SL Aspirin Inhaled Beta Ag. EpiPen Glucagon Narcan Mark I Kits IV with Normal Saline Dextrose 50% Activated Charcoal?
EMT-II **(EMT-II Module B?)**	EMT-Intermediate (1999) and California EMT-II	EMT + 350 Hours (Scalable from Advanced EMT)	ET Intubation EKG Monitoring /Manual Defib Cardiac Meds Morphine
Paramedic	Paramedic (as it is now)	EMT + 1000-1200 Hours	Endotracheal Intubation Perc. Cricothyrotomy Pleural Decompression More Meds Monitor meds during interfacility Transport